⊃lease	type	a plus	sign	(+)	inside	this	рох		x	
--------	------	--------	------	-----	--------	------	-----	--	---	--

PTC/S8/B1 (02-B1)
Approved for use through 10/31/20/2 0/88 0551-0035
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Guillemont, Jérôme Emile Georges
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	PRD 2183f-PCT-USA

Practitioners at Customer Number	l hereby appoint:						
Address Address Address Address Address Address Address Address Address City Country Telephone I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillempta, Jéfone Emile Georges Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	OR		00027777		Number Bar Code		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label Nere Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guill empit, Jéfone Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillempht, Jéfone Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.			~~~~				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillempht, Jéfone Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillempht, Jéfone Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.		<u> </u>					
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillempht, Jéfone Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.							
Please change the correspondence address for the above-identified application to: In The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address City Country Tetephone I am the: I Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jéfone Emile Georges Signature Date Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our attorney(s) or	agent(s) to prosecute th	ne application id	entified above,	and to transact all		
The above-mentioned Customer Number. OR Practitioners at Customer Number				'' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
Practitioners at Customer Number Practitioners at Customer Number Bar Code Label here Price Customer Number Bar Code Label here			the above-identi	ified application	n to:		
Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemppt, Jéfone Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		ed Oustonier Number.			Place Customer		
Firm or Individual Name Address Address City State Zip Country Tetephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jérôme Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Practitioners at Cus	stomer Number			Number Bar Code		
Address Address City State Zip Country Tetephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jérôme Emile Georges Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					Ladei nere		
City State Zip Country Tetephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillempit, Jéfone Egnile Georges Signature Date OS/OS/O6 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below*.							
City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemput, Jétôme Emile Georges Signature Date O5/05/06 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Address		The second secon	***************************************			
Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jéfone Emile Georges Signature Date Date OS/OS/O6 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address						
Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jéfone Emile Georges Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City			State	Zip		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jéfôme Emile Georges Signature Date Date OSTOS / OG NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					-		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jérôme Emile Georges Signature Date O5705/06 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone			Fax			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jéfone Emile Georges Signature Date OSTOS / OG NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jéfône Emile Georges Signature Date Date OS/OS/OS NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	X Applicant/Invent	or.					
Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Guillemont, Jéfône Emile Georges Signature Date Date OS/OS/OS NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assignee of reco	ord of the entire interest.	See 37 CFR 3.3	71.			
Name Guillemont, Jéfone Emile Georges Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record						
Date OSIOS OS NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name Guille						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	1			The state of the s	***************************************	
forms it more than one signature is required, see below".		Date 05/05/06					
	NOTE: Signatures of all the inver forms if more than one signature	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
La constant de la con		rms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

										_	
Please	type	а	DHUS.	sion	(+)	inside	inis	box	>	١.	,
	25.				٠,					1 /	۸.

PTC/SB/81 (92-91)

Approved for use through ±0/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Guillemont, Jérôme Emile Georges
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	PRD 2183f-PCT-USA

I horoby appairs						
I hereby appoint:						
	Customer Number 000027777	Place Customer Number Bar Code				
OR		Label here				
Practitioner(s) na	med below:					
	Name	Registration Number				
		İ.,				
as my/our attorney(s) or business in the United S	agent(s) to prosecute the application ide States Patent and Trademark Office conr	entified above, and to transact ail nected therewith.				
Please change the corre	espondence address for the above-identi	fied application to:				
	ed Customer Number.					
OR Practitioners at Cus	A	Place Customer Number Bar Code				
OR	stomer Number	Label here				
Firm or						
Individual Name						
Address	The state of the s					
Address						
City		State Zip				
Country Telephone		- 1				
Lam the:		Fax				
X Applicant/Invent	or.					
E Tippiodita aivent	o.,					
Assignee of reco	ord of the entire interest. See 37 CFR 3.7	71.				
Statement unde	r 37 CFR 3.73(b) is enclosed. (Form PT	O/SB/96).				
	SIGNATURE of Applicant or Assigne	e of Record				
Signature	Signature willer					
NOTE: Signatures of all the inver forms if more than one signature	ntors or assignees of record of the entire interest of is required, see below."	or their representative(s) are required. Submit multiple				
f=1 +	rms are submitted.					

Surden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief information Officer, U.S. Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PCT/EP2005/050267

VIII-4-1	I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought. This declaration is directed to international application PCT/EP2005/050267 (if furnishing declaration pursuant to Rule 26ter). I hereby declare that my residence, mailing address, and citizenship are as stated next to my name. I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications", by application number, country or Member of the World Trade Organization, day, month, and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before
VIII-4-1- F	that of the application on which foreign priority is claimed. 60/538,768, US, 23 January 2004
VPV-IIAIIaa	(23.01.2004)

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

VIII-4-1- Name (LAST, First)

1-1

VIII-4-1- Residence:

(city and either US State, if applicable, or country)

VIII-4-1- Mailing address:

1-3

VIII-4-1- Citizenship:

1-4

VIII-4-1- Inventor's Signature; 1-5 (if not contained in the

(if not contained in the request, or if declaration is corrected or added under faule 25ter after the filling of the international application. The signature must be that of the inventor, not that of the agent)

Vill-4-1- Date:

1-6

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filling of the international application) GUILLEMONT, Jérôme, Emile, Georges

Ande, France

c/o Johnson & Johnson Pharmaceutical Research and Development A division of Janssen-Cilag Campus de Maigremont BP 615 F-27106 Val de Reuil Cedex France FR

- 7 FEB 2005

VIII-4-1- Name (LAST, First) PASQUIER, Elisabeth, Therese, Jeanne 2-1 VIII-4-1- Residence: (city and either US State, if applicable, or country) Le Neubourg, France c/o Johnson & Johnson Pharmaceutical Vill-4-1- Mailing address: 2-3 Research and Development A division of Janssen-Cilag Campus de Maigremont BP 615 F-27106 Val de Reuil Cedex France Vili-4-1- Citizenship: FR 2-4 VIII-4-1- Inventor's Signature: 2-5 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent) VIII-4-1- Date (of signature which is not contained in the request, or of the declaration that is - 7 FEB 2005 corrected or added under Rule 26ter after the filing of the international application)